

# ERNS INCIDENT NOTIFICATION REPORT

Regional Case Number: \_\_\_\_\_

Reported (mm/dd/yy): <u>10/14/92</u>		Time (HH/MM): <u>1350</u>		Multiple Report: <input type="checkbox"/>		Regional Time (HH/MM): _____	
Recorded By: <u>Ross Powers</u>				Multiple Regional Case Number: _____			
Through NRC <input type="checkbox"/>		NRC Case Number: _____		SSI Report: <input type="checkbox"/>		CR Number: _____	
<b>A. REPORTER</b> *Privacy Act		Confidentiality Requested: <input checked="" type="checkbox"/>		Reported By: <u>Arnon Post Worker</u>			
Organization Name: _____							
Organization: (Check One) <input type="checkbox"/> Discharger <input checked="" type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown							
Address: _____				Phone: ( ) _____		ext: _____	
City: _____		County: _____		State: _____		Zip: _____	
<b>B. DISCHARGER</b>		Same As A <input type="checkbox"/>		Organization: (Check One) <input checked="" type="checkbox"/> Private Co. <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown			
Discharger Name: <u>Bernansance Mfg</u>				Phone: ( ) _____		ext: _____	
Contact Name: _____				2nd Phone: ( ) _____		ext: _____	
Address: <u>3939</u>				Facility ID Number: _____			
City: <u>Detroit</u>		County: <u>Wayne</u>		State: <u>MI</u>		Zip: _____	
<b>C. INCIDENT LOCATION</b>		Same As A <input type="checkbox"/>		Street or Approx. Location: _____			
Same As B <input checked="" type="checkbox"/>		_____					
City: _____		County: _____		State: _____		Zip: _____	
Milepost: _____		_____					
<b>D. DATE</b>		Discovery Date (mm/dd/yy): _____		Spill Date (mm/dd/yy): <u>Last Year</u>		Spill Time (HH/MM): _____	
<b>E. MATERIAL</b>		Material Type: (Check One) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Haz Sub <input type="checkbox"/> Other					
Material Name		CHRIS	CAS No.	UN DOT No.	Quantity	Units (Circle One)	Quantity In Water
1. <u>Press Oil (Burnt)</u>					<u>BBLs</u>	<u>lb bbl dr m unk gal ton oth</u>	
2. <u>Misc. Liquids</u>					<u>spills</u>	<u>lb bbl dr m unk gal ton oth</u>	
3. _____						<u>lb bbl dr m unk gal ton oth</u>	
<b>F. SOURCE</b>		Source of Spill: (Check Any) <input type="checkbox"/> Highway <input type="checkbox"/> Railway <input type="checkbox"/> Pipeline <input type="checkbox"/> UST <input checked="" type="checkbox"/> Fixed Facility <input type="checkbox"/> Other					
		<input type="checkbox"/> Air Transport <input type="checkbox"/> Vessel <input type="checkbox"/> Offshore <input type="checkbox"/> AST <input type="checkbox"/> Unknown					
Vehicle ID or Carrier No.: _____		Number of Tanks: _____		Tank Capacity: _____		Tank Units: (Circle One) <u>lb bbl dr m unk gal ton oth</u>	
Source Description: <u>Manufacturing Company - Bankrupt</u>							
<b>G. MEDIUM</b>		Medium Affected: (Check Any) <input type="checkbox"/> None <input checked="" type="checkbox"/> Land <input type="checkbox"/> Groundwater <input type="checkbox"/> Other					
		<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Within Facility <input type="checkbox"/> Unknown					
Waterway Affected: _____							
<b>H. CAUSE</b>		Reported Cause: (Check Any) <input type="checkbox"/> Transportation Accident <input type="checkbox"/> Operational Error <input checked="" type="checkbox"/> Dumping <input type="checkbox"/> Other					
		<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Phenomenon <input type="checkbox"/> Unknown					
Cause Description: <u>Buried Drums out back, dumped liquids</u>							
<b>I. DAMAGE</b>		No. of Injuries: _____ <input type="checkbox"/> None		No. c' Deaths: _____ <input type="checkbox"/> None		Property Damage >\$50,000: <input type="checkbox"/>	
<b>J. ACTIONS</b>		Evacuation: <input type="checkbox"/> Response Actions Taken: _____					
_____							
<b>K. NOTIFIED</b>		Caller Has Notified: (Check Any) <input type="checkbox"/> State/Local <input type="checkbox"/> Discharger <input type="checkbox"/> USCG <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name: _____							
<b>L. COMMENTS</b>		Comments: <u>Called home pay phone - out of</u>					
		<u>whisper, town</u>					
		Additional Information (See Reverse Side) <input type="checkbox"/>					
<b>M. RESPONSE AND EVALUATION</b>		Response Comments: <u>4 blks N of Mt. Elliott</u>					
		<u>off Stratford and Bellview</u>					
Agency Name: _____		(Check One) <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name: _____		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name: _____		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					

US EPA RECORDS CENTER REGION 5



434762

## Regional Case Number:

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